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**SC Department of Health and Human Services  
Part B Medicare Recoupments**

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**STATE DOCUMENTS**

## **Part B Medicare Recoupment**

The Meds User Services unit is responsible for processing recoupment requests in addition to built in recoupment process programmed into the Medicaid Eligibility System, CIS (Client Information Summary). The problem area is to outline a process to actively recoup over paid Medicare premiums. In the early 1990's there was a specific position designed to the Medicare recoupment process.

My objective in this paper is as follows:

- (1) define a Medicare recoupment process,
- (2) identify a percentage of recoupment that has been identified by a random sample of Medicaid reports and
- (3) justify that State dollars could be save and pay for a Program Assistant's salary and fringe benefits to perform recoupment related functions.

The Buy In Agreement between the US Secretary of Health, Education, and Welfare and the State of South Carolina allows the State to enroll people in the Supplementary Medical Insurance Program (SMI or Medicare Part B) and the State pays the premiums. The statutory authority for the Buy In Program is 1843 of the Social Security Act. (See Appendix A)

The purpose of these arrangements is to permit the State, as part of the total medical assistance plan, to provide Medicare protection to a certain group of needy individuals. The arrangement also has the effect of diverting some medical costs for the States Medicaid eligible population group, Title XIX, which is partially State financed (75% federal dollars and 25% state dollars), to the Title XVIII Medicare program, which is funded by the Federal government and by the payment of individual premiums.

Currently, the State of South Carolina pays an average of \$6,500,000.00 monthly in Supplemental Medical Insurance Premiums. (See Appendix B: Centers for Medicare and Medicaid Services, Summary Accounting Statements).

Modification No. 3 of Agreement with the State Under Section 1843 of the Social Security Act to Conform the Agreement to that Act in Sections C and H of the Supplemental Agreement states “ *If more or less than the correct amount due under Part C of this agreement is paid, proper adjustments with respect to the amounts due under such Part C shall be made upon such conditions, in such manner, and at such times, as may be prescribed in the instructions issued by HCFA, currently known as CMS.*”<sup>1</sup>

This modification holds the State of SC and the Department of Health and Human Services, responsible for the recoupment processes. Each state is under agreement to request a recoupment timely.

In order to define the total Medicaid Buy-In premiums process, which includes the recoupment of Medicare overpayments in accordance with the Agreement between The Secretary of Health, Education, and Welfare and The State of South Carolina, the Centers for Medicaid and Medicare was contacted to provide a model for the State to follow. There were no specifics as to how the Part B premium process should be administered. Notes from the previous worker were obtained. (See Appendix C: Medicare Notes)

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<sup>1</sup> US Secretary of Health, Education, and Welfare, Supplemental Medical Insurance Agreement (June 1966, December 1979)

The job duties noted were vital to chart a Medicare process for South Carolina.

Charting a Medicare process would enable South Carolina to meet the requirements of the Medicare agreement, be consistent with the mission of the Department of Health and Human Services (See Appendix D: Agency Mission Statement) and assist in justifying that a Program Assistant position is vital to process recoupements and save state dollars.

The workers in the Meds User Services Unit were asked to answer some survey questions to gain information as to how the process should be implemented.

The following lists the questions asked of the unit. (See below: Unit Survey):

- ~How are the Buy-In premium payment requests made?
- ~ How are the requests handled once they come to the unit?
- ~ Who are the recipients affected?
- ~What information is needed to process a Part B premium request?
- ~Why is the information vital to the process?
- ~Who supplies the requests?
- ~What are the timeframes in making the request?
- ~What steps are necessary to process a request?
- ~What happens when the request is accepted?
- ~What happens if a request is denied?
- ~What happens if there is an overpayment?
- ~What happens if there is an underpayment?

By identifying what was necessary to a process, the process flow chart of the Medicare Buy-In process (See Appendix E: Medicare Part B Recoupment chart shown) was created and in the flow chart a process was identified in order to request the recoupment of Buy-In premiums over paid within the specified timeframe.

With this information charted, the second part of the task is take the notes of the Buy-In process flow chart and identify which Medicaid reports listed all of the recoupment related information.

The purpose of identifying the Medicaid reports with recoupment related information is to (1) identify all recoupments and follow the steps on the process flow chart and make timely requests for reimbursement(s) of overpayments and (2) to justify the salary of a Program Assistant plus benefits. In order to make a comparison, Medicaid reports were randomly sampled for recoupment amounts. The recoupment related reports were as follows: (See Appendix F: Report Instructions-highlighted in yellow)

- ^ MZ430R02-BDX Money Transaction Closed on CIS for billing month
- ^ MZ425R02-BDX Money Transactions not on CIS
- ^ MZ416R02-Selected BDX Codes for Billing Month

A random sample was reviewed for Report MZ416R02. This sample was taken from billing month 07/02 to see the savings of State dollars and to justify the position.

On report MZ416R02 there are four (4) codes that are reviewed:

\ Code 1165

\ Code 1164

\ Code 1167

\ Code 15

The findings were as follows:

- < There were forty-six (46) codes 1165, of those two (2) were eligible for recoupment. The recoupment amount is approximately three thousand five hundred twenty-six dollars and seventy cents. (\$3,526.70)  
Of that cost twenty-five percent is representative of the State dollars contributed. Twenty-five percent of the State dollars is one thousand one hundred six dollars (\$1,106.00)
- < There were thirty-eight (38) codes 1164, of those there was one (1) record eligible for recoupment. The recoupment amount is approximately two hundred seventy dollars, (\$270.00). Twenty-five percent of that of that amount is state dollars, which is sixty-seven dollars and fifty cents. (\$67.50)



- < There are eight (8) codes 1167; of those one (1) is a recoupment record.  
The recoupment amount is approximately six hundred twenty eight Dollars (\$628.00) Of that cost twenty-five percent is state dollars, which is approximately one hundred fifty- seven dollars (\$157.00).
- < There were no code 15's (fifteen) eligible for review.

The conclusion is that of the four (4) special codes reviewed of report MZ416R02 for the month 7/2002, the twenty-five percent state eligible recoupment amount is one thousand three hundred and thirty dollars and fifty cents (\$1330.50). The CIS Medicaid system edits processed the other recoupments.

I then reviewed report MZ430R02, BDX Money Transactions Closed on CIS for billing month 10/2002. This report identifies all clients appearing on the present months Buy-In, whose case status is closed on Medicaid.

These cases with a code of ninety-one (91), forty-one (41), and eleven (11) reflect that the client s Buy-In coverage is active. In these situations, a recoupment of premium may be due as the client may reside in another state or is deceased. Of these the fifth (5<sup>th</sup>) line item of the first twenty-five (25) pages of the report was reviewed. This sample was of fifty-nine (59) eligible cases. Of the fifty nine (59) items sampled, the recoupment amount was four hundred eighty six dollars (\$486.00). Twenty-five percent is state dollars. This amount is approximately one hundred twenty one dollars (\$121.00).

The conclusion is that from the sample reviewed the state's twenty-five percent eligible recoupment amount is one hundred twenty-one dollars. (\$121.00) The CIS Medicaid system processed the other recoupments.

Next, report MZ425R02, BDX Money Transactions not on CIS for billing month 07/2002. Each case is reviewed in this report for purposes of resolving discrepancies and updating the needed changes in the Medicaid system and/or Buy-In and recouping any errors paid in error. This report contains twenty-one (21) pages. One (1) page of fifteen (15) money transactions were reviewed. Of those fifteen (15) reviewed, two (2) cases were identified for recoupment. The recoupment amount is fifteen hundred dollars (\$1500.00). The conclusion from this report is the state's twenty-five percent eligible recoupment amount is fifteen hundred dollars, which is three hundred seventy-five dollars. (\$375.00)

The Medicaid system processed the remainder of the recoupment requests.

After reviewing all of the results of the random samples reviewed on the Medicaid reports, I was able to make the following conclusion:

~~~~~On average there is eighteen hundred dollars (\$1800) monthly that is eligible to be recouped by manual request. This amount produces a potential recoupement yearly average total of twenty- two thousand dollars. (\$22,000) ~~~~~



I contacted the Office of Personnel to obtain the position description, the pay and fringe benefits for a Program Assistant, Band IV. (See Appendix G & H: Position Description for a Program Assistant and the salary information sheets) According to the information given, the salary for a Program Assistant is \$21,679-\$40,108 and the fringe benefits are twenty-eight percent of the salary, which is six thousand seventy dollars and twelve cents (\$6,070.12) yearly. The total amount of the position would cost South Carolina twenty seven thousand seven hundred and fifty dollars (\$27,750.00) annually.

Once I compared the total eligible recoupment amount to the salary and fringe benefits of a Program Assistant I found that the cost of hiring a worker to perform recoupment related functions only will not significantly increase a savings to the State of South Carolina and that the current staff can continue to perform the recoupment function along with their other job duties as long as the Medicaid system continues to accurately process the automated recoupment requests as it has in the past. (See Appendix I: comparison and chart) The project proves that with process improvement, clearly outlining the missions and goals of the organization, and team involvement in the process can possibly provide just as much cost savings to South Carolina as having adequate staff .

I contacted the Office of Personnel to obtain the position description, the pay and fringe benefits for a Program Assistant, Band IV. (See Appendix G & H: Position Description for a Program Assistant and the salary information sheets) According to the information given, the salary for a Program Assistant is \$21,679-\$40,108 and the fringe benefits are 28% of the salary, which is six thousand seventy dollars and twelve cents (\$6,070.12) yearly. The total amount of the position would cost South Carolina twenty seven thousand seven hundred and fifty dollars (\$27,750.00) annually.

Once I compared the total eligible recoupment amount to the salary and fringe benefits of a Program Assistant I found that the cost of hiring a worker to perform recoupment related functions only will not significantly increase a savings to the State of South Carolina and that the current staff can continue to perform the recoupment function along with their other job duties as long as the Medicaid system continues to accurately process the automated recoupment requests as it has in the past. (See Appendix I: comparison and chart) The project proves that with process improvement, clearly outlining the missions and goals of the organization, and team involvement in the process can possibly provide just as much cost savings to South Carolina as having adequate staff.

*Good  
CONCLUSION.*

SUPPLEMENTARY MEDICAL INSURANCE BENEFITS  
(Agreement with State Pursuant to Section 1843)

AGREEMENT

Between  
The Secretary of Health, Education, and Welfare  
  
and

The State of South Carolina  
(To carry out the provisions of  
Section 1843 of the Social Security Act)

The Secretary of Health, Education, and Welfare, hereinafter referred to as the Secretary, and the State of South Carolina acting through the State Department of Public Welfare, hereinafter referred to as the State agency, for purposes of carrying out the provisions of section 1843 of the Social Security Act (providing for the enrollment under Part B of Title XVIII of the Social Security Act of certain eligible individuals included in the coverage group specified in Part (A)(4) of the agreement, and for the payment by the State of the premiums payable with respect to such individuals) hereby agree to the following:

A. Definitions

For the purposes of this agreement--

- (1) The term "Secretary" means the Secretary of Health, Education, and Welfare or his delegate.
- (2) The term "Act" means the Social Security Act.
- (3) The term "eligible individual" means an individual who, on the date this agreement is entered into or on any later date, but prior to January 1, 1968--
  - (a) has attained the age of 65, and
  - (b)(i) is a resident of the United States, and is either  
(I) a citizen or (II) an alien lawfully admitted for permanent residence who has resided in the United States continuously during the 5 years immediately preceding the date this agreement is entered into or a later date (but prior to January 1, 1968),  
or (ii) is entitled to hospital insurance benefits under Part A of Title XVIII of the Act.
- (4) The term "coverage group" means all eligible individuals receiving money payments, under the plan of the State of South Carolina approved under



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**SUMMARY ACCOUNTING STATEMENT**  
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| NAME OF ORGANIZATION    | AGENCY CODE | BILLING PERIOD | DATE OF BILL |
|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | JUN 2002       | 05/15/2002   |

This statement contains billing for items processed through this period only. It does not include remittances or billing for items received too late for processing, or items under investigation. Such items will be included in a later billing.

|                     |                 |
|---------------------|-----------------|
| 1. PREVIOUS BALANCE | \$13,311,505.50 |
| 2. ADJUSTMENTS      | \$0.00          |

|                                         |            |                |    |
|-----------------------------------------|------------|----------------|----|
| 3. CURRENT MONTH'S LIABILITY-PAYABLE BY | 06/01/2002 | \$6,720,124.70 | *  |
| 4. PAYMENTS RECEIVED                    |            | \$6,607,607.00 | CR |
| RECEIVED 04/17/2002                     |            | \$6,607,607.00 |    |

5.

|                  |                 |
|------------------|-----------------|
| 6. TOTAL BALANCE | \$13,424,023.20 |
|------------------|-----------------|

☐ SEE ATTACHMENT (S)

\* \$6,224,956.70 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

ENTRIES ON THIS FORM ARE EXPLAINED IN THE **STATE BUYIN MANUAL**  
METHODS AGENCIES MAY USE TO PAY PREMIUMS:

AGENCIES MUST USE ONE OF THE FOLLOWING METHODS OF ELECTRONIC FUNDS TRANSFER TO PAY THE  
MEDICARE PREMIUMS FOR BENEFICIARIES:

1. THE U.S. TREASURY DEPARTMENT'S ELECTRONIC TRANSFER OF MONIES SYSTEM KNOWN AS  
THE TREASURY FINANCIAL COMMUNICATIONS SYSTEM (TFCS) OR FEDWIRE

2. THE CMS CUSTOMER INITIATED PAYMENTS (CIP) SYSTEM

SEE THE MANUAL NAMED ABOVE FOR COMPLETE INSTRUCTIONS.

FAILURE TO COMPLY WITH THESE INSTRUCTIONS COULD DELAY THE PROPER CREDITING  
OF YOUR PAYMENT.





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| NAME OF ORGANIZATION    | AGENCY CODE | BILLING PERIOD | DATE OF BILL |
|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | JUL 2002       | 06/15/2002   |

This statement contains billing for items processed through this period only. It does not include remittances or billing for items received too late for processing, or items under investigation. Such items will be included in a later billing.

1. PREVIOUS BALANCE \$13,424,023.20

2. ADJUSTMENTS \$54.00  
BILLING ADJUSTMENT \$54.00

PAY DEBIT ADJUSTMENTS IN ADDITION TO THE LIABILITY SHOWN ON LINE 3.

3. CURRENT MONTH'S LIABILITY-PAYABLE BY \$6,730,782.50 \*  
07/01/2002

4. PAYMENTS RECEIVED \$6,703,898.50 CR

RECEIVED 05/16/2002 \$6,703,898.50

5.

6. TOTAL BALANCE \$13,450,961.20

☐ SEE ATTACHMENT (S)

\* \$6,225,214.20 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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| NAME OF ORGANIZATION    | AGENCY CODE | BILLING PERIOD | DATE OF BILL |
|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | AUG 2002       | 07/15/2002   |

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1. PREVIOUS BALANCE \$13,450,961.20

2. ADJUSTMENTS \$0.00

3. CURRENT MONTH'S LIABILITY--PAYABLE BY 08/01/2002 \$6,636,171.00 \*

4. PAYMENTS RECEIVED \$6,720,124.70 CR  
RECEIVED 06/18/2002 \$6,720,124.70

5.

6. TOTAL BALANCE \$13,367,007.50

☐ SEE ATTACHMENT (S)

\* \$6,152,133.20 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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| NAME OF ORGANIZATION    | AGENCY CODE | BILLING PERIOD | DATE OF BILL |
|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | OCT 2002       | 09/15/2002   |

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1. PREVIOUS BALANCE \$13,240,958.60

2. ADJUSTMENTS \$0.00

3. CURRENT MONTH'S LIABILITY-PAYABLE BY 10/01/2002 \$6,721,501.50 \*

4. PAYMENTS RECEIVED \$6,636,171.00 CR  
RECEIVED 08/16/2002 \$6,636,171.00

5.

6. TOTAL BALANCE \$13,326,289.10

☐ SEE ATTACHMENT (S)

\* \$6,204,480.40 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | NOV 2002       | 10/15/2002   |

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|                                         |                 |                 |    |
|-----------------------------------------|-----------------|-----------------|----|
| 1. PREVIOUS BALANCE                     | \$13,326,289.10 |                 |    |
| 2. ADJUSTMENTS                          | \$0.00          |                 |    |
| 3. CURRENT MONTH'S LIABILITY-PAYABLE BY | 11/01/2002      | \$6,779,322.90  | *  |
| 4. PAYMENTS RECEIVED                    |                 | \$6,604,733.60  | CR |
| RECEIVED 09/18/2002                     | \$6,604,733.60  |                 |    |
| 5. PREMIUMS COLLECTED THROUGH OFFSET    |                 | \$54.00         | CR |
| 6. TOTAL BALANCE                        |                 | \$13,500,824.40 |    |

☐ SEE ATTACHMENT (S)

\* \$6,284,862.90 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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**SUPPLEMENTARY MEDICAL INSURANCE PREMIUMS**

| NAME OF ORGANIZATION    | AGENCY CODE | BILLING PERIOD | DATE OF BILL |
|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | SEP 2002       | 08/15/2002   |

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|                                                                     |            |                 |         |
|---------------------------------------------------------------------|------------|-----------------|---------|
| 1. PREVIOUS BALANCE                                                 |            | \$13,367,007.50 |         |
| 2. ADJUSTMENTS                                                      |            |                 | \$54.00 |
| BILLING ADJUSTMENT                                                  | \$54.00    |                 |         |
| PAY DEBIT ADJUSTMENTS IN ADDITION TO THE LIABILITY SHOWN ON LINE 3. |            |                 |         |
| 8. CURRENT MONTH'S LIABILITY--PAYABLE BY                            | 09/01/2002 | \$6,604,733.60  | *       |
| 4. PAYMENTS RECEIVED                                                |            | \$6,730,782.50  | CR      |

RECEIVED 07/16/2002 \$6,730,782.50

|                                      |                 |    |
|--------------------------------------|-----------------|----|
| 5. PREMIUMS COLLECTED THROUGH OFFSET | \$54.00         | CR |
| 6. TOTAL BALANCE                     | \$13,240,958.60 |    |

☐ SEE ATTACHMENT (S)

\* \$6,119,691.00 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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|-------------------------|-------------|----------------|--------------|
| STATE OF SOUTH CAROLINA | 420         | DEC 2002       | 11/15/2002   |

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|                                         |                 |                 |    |
|-----------------------------------------|-----------------|-----------------|----|
| 1. PREVIOUS BALANCE                     | \$13,500,824.40 |                 |    |
| 2. ADJUSTMENTS                          | \$0.00          |                 |    |
| 3. CURRENT MONTH'S LIABILITY-PAYABLE BY | 12/01/2002      | \$6,811,118.30  | *  |
| 4. PAYMENTS RECEIVED                    |                 | \$6,721,501.50  | CR |
| RECEIVED 10/18/2002                     | \$6,721,501.50  |                 |    |
| 5.                                      |                 |                 |    |
| 6. TOTAL BALANCE                        |                 | \$13,590,441.20 |    |

☐ SEE ATTACHMENT (S)

\* \$6,260,410.10 REPORT ON FORM HCFA-64.9 CASH/DEEMED CASH

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OF YOUR PAYMENT.

THELMA YARBOROUGH

JOB DUTIES

MAIN DUTY    MONTHLY LIST    -    BDX MONEY TRANSACTIONS NOT ON CIS  
MZ423R02

This is a monthly list which we receive around the last week in the month. An average list has 10 pages, 28 cases to the page. Of those 280 cases, which must be reviewed and compared to previous months list, approximately 50 are old cases, which must be investigated as new cases, as they were not fully completed and updated before the Buy-In cutoff.

Generally, these cases range from simple problems, like getting queries to verify eligibility, or giving a copy of the Co-Workers form along with a copy of the IESX screen to either Sandra or Julia to put in the system. This is an average of 15 to 20 cases each month. When these cases are not put on CIS, and Buy-In updated within the proper time frame, the System closes out these cases, and the cases have to be researched all over again. If the person is eligible again then the case has to be accreted again also. As each page of the list is being checked for CIS records, those "Not Found" records are given to Co-Workers who were asked to put on CIS and return the forms to me with in 3 days ( per meeting). This is not being done on a regular basis. Sometimes, they are done that same day, and returned to me. Sometimes, the Co-Workers put them on the System, but never return the forms to me, therefore I have no way or knowing they have put them in the system, until the end of the month when I do follow-up of pending cases. By then usually the System has closed the case and it has to be reaccreted. If I had known when the case was put on CIS, then I could have updated before the cut-off. If a case has not been put on CIS in a given length of time, I send a second request and the workers resent it, therefore do not make it a priority to return the forms to me. When I do check and see that the case has been put on and I can update it, then I complete the case, make a folder and file the case. Maybe a week later, the worker will return the forms to me and I have to pull the file again to see if I have completed it. Such work could be eliminated if the worker would just complete the form and return to me as soon as they put it on CIS.

More complex cases require complete research, CIS, IEVS, IESX, BUY-IN HISTORY, AUDIT, AND INQUIRE INPUT. Sometimes, old records must be researched also. A work-sheet and print outs are done on these cases, queries are ordered, then the case is set aside until all the list has been worked, and all cases that can be, have been updated. Some cases require little research and can be updated immediately. The reason we get this list is because the cases cannot automatically update to the System, and have to be researched. The problems vary, from incorrect DOB, name, incorrect number, appearing under two numbers, to incorrect codes. These cases have to be followed up and if the System does not correct them, I have to do it with a Memo. Some cases are closed for ineligibility, and a Memo has to be sent to recoup a refund. or letters have to be sent to the client to advise us the correct spelling of the name or correct date of birth. When the client returns the form to us with the correct information, a 3911 is sent to SSA to correct their records.



MAIN DUTY  
cont'

If we have phone numbers, then calls are placed to the client to verify questionable information. A telephone log is maintained for such calls. When necessary, queries are ordered as each page of updating is completed. Hopefully, the queries will return in time for us to update before the cut-off. If they are not back in time, and we have already received the following month's records, then these cases must be investigated again, to be current. In January, I requested 42 queries for the list and written inquiries. When queries are requested, a worksheet and file must be made, put in pending, then matched when the query comes back. If a case has duplicate numbers with no overlapping dates, a consolidation is done. This requires a file to be put into pending until DP takes the necessary action, and returns the completed form to us. The file is then checked again to see if the proper action was taken, updated if necessary, and placed in the completed files.

OTHER  
RELATED  
DUTIES

Other Monthly Lists are file and maintained for all workers use:

1. CL667R01 SS1,SS2, MC4 UPDATES BY BUY-IN SECTION
2. MZ405R01 SSI RECIPIENTS
3. MZ690R01 NO MATCH LIST REPORT
4. MAINTAIN QUERY FOLDER AND SEND QUERIES TO JIM CAULDER
5. SEND CONSOLIDATIONS TO DP, CHECK WHEN RETURNED AND MAINTAIN FILE
6. MAINTAIN A FOLLOW UP CARD BOX, FOR PENDING CASE ACTION
7. FOLLOW-UP PENDING CASES - CHECK SYSTEM SHOULD CLOSE CASES - IF REOPENED, THEY MUST BE REACCREDITED.
8. CHECK BALTIMORE FOLLOW -UP CASES TO SEE IF CREDIT PAID FOR DUPLICATES
9. FOLLOW-UP BACK LOG CASES - THESE ARE OLD CASES WHICH HAVE BEEN WORKED BUT NOT FULLY RESOLVED. THIS WORK IS DONE ONLY WHEN POSSIBLE.

ON DESK AT PRESENT

February 1994 list with 280 cases - being worked at present

Approximately 200 cases to be placed in completed files ( In order)

Approximately 200 old cases that need to be checked against current records and filed or discarded as necessary.

Problem cases from 11/93, 12/93, 01/94 need review to see if resolved now.

SUGGESTIONS: Cut-off time is usually around the 15th of the month, about 10 working days. There is simply not enough time to annotate the old list to the new list, update possible cases, make worksheets, order queries, do research, get print outs, before the cut-off. There is no time allotted for completing the problem cases, from previous months, no time for follow-up on pending cases, no time for filing in the completed files.

I would be willing to come in on Saturday to catch up the back work if I am allowed comp time (to be taken after work is caught up). I cannot work overtime daily as I have an invalid at home who must be picked up from the day care center. I will even work a few hours on Sunday if necessary. I feel that once the work is caught up, then we can develop a more suitable method of operation.

Appendix C 33



## **Mission**

The Mission of the Department of Health and Human Services is to provide statewide leadership to most effectively utilize resources to promote the health and well-being of South Carolinians.

The agency fulfills its mission by planning, setting policy, pursuing resources, developing programs, building partnerships, providing program oversight, and ensuring fiscal accountability to promote an accessible system of quality health and human services.

## **Vision**

Accessible quality health and human services for all South Carolinians.

## **Values**

**Quality:** We are committed to excellence in all that we do.

**Integrity:** We maintain credibility by being truthful and adhering to the highest standards of ethical and professional conduct.

**Customer Service:** We are committed to listening to, understanding and addressing the needs of our customers in a prompt, respectful, and responsive manner.

**Teamwork:** As a team, we are committed to work together effectively, reinforcing the strengths of one another by valuing input from and providing feedback to one another.

**Professionalism:** We adhere to standards of work and conduct that reflect positively on the agency.

**Accountability:** Our work demonstrates responsibility to our stakeholders.

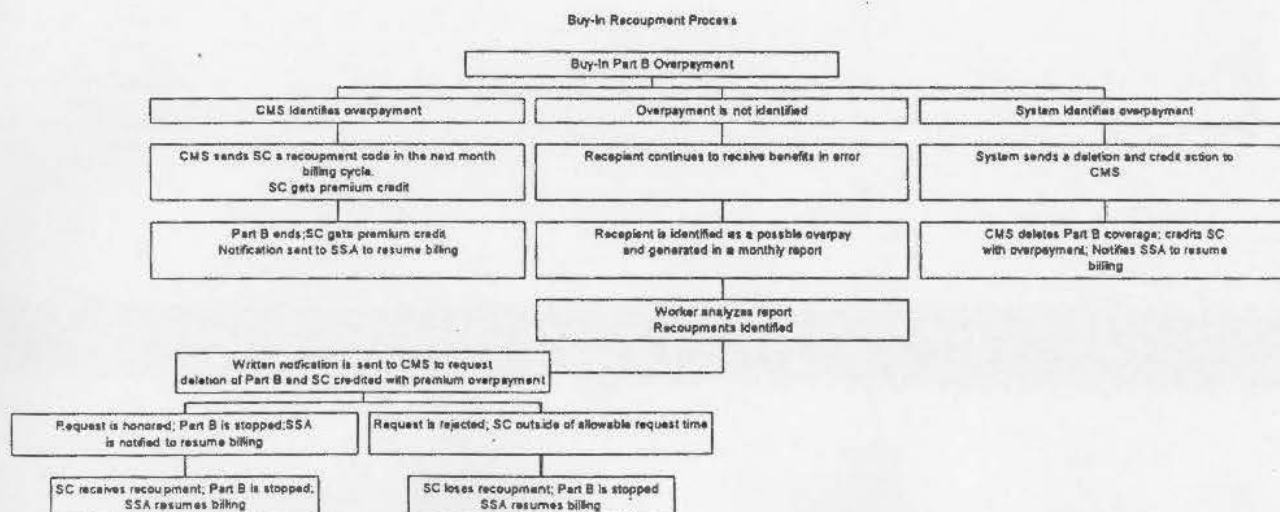
**Communication:** We are committed to listening to customer needs and responding timely, accurately and reliably. We promote the open exchange of information and ideas throughout our workplace.

**Knowledge:** We value professional competency and promote on-going learning.

**Stewardship:** As guardians of public funds and resources, we exercise competent and judicious management.

**Innovation:** We are visionary, creative, and responsive to change.

# Medicare Part B Accretion Process



\* Please see highlighted Reports

(Staff to work)

MZ416R02

BDX SELECTED CODE LIST FOR BILLING MONTH - RDM is on distribution.

This report consists of special coded records (1164, 1165, 1167 and 15) which require staff review and follow-up action. In some instances, the clients may or may not be eligible for Buy-In Part B or Medicare. Other records are SSI accretions initiated by the State that HCFA will change to SSA responsibility. On a monthly basis, this listing is generated in county sequence and is forwarded to RDM for review and resolution of any discrepancies.

MZ417R02

(Staff works immediately)

BDX CODE 16, 17, 23, 1190 LISTING FOR BILLING MONTH - RDM and all DSS County Offices are on distribution.

This monthly listing shows cases in county sequence with terminated Buy-In Part B coverage or changes in the claim account numbers. County staff are requested to monitor and initiate appropriate action on the Non-SSI cases. Also, counties are requested to correct claim account numbers on all code 23s with CIS active case status and coordinate problem cases with RDM. The claim account number changes are reviewed by the RDM Unit before the Buy-In cut-off-date. If any changes have not been completed, RDM initiates the proper update.

MZ418R01

(Resign)

BALTIMORE TRANSACTION BY CATEGORY - SLRP is on distribution.

This is a monthly informational report which shows numerical totals of the Part B transactions by Medicaid category and the Part B premium cost of these Buy-In cases by each category.

MZ420R02

(Rejection report) important

BDX NON-PROCESSABLE BALTIMORE TRANSACTIONS - RDM is on distribution.

A monthly listing of State initiated accretions, deletions and change transactions received on the Baltimore Buy-In billing file which rejected HCFA's update processing. These transactions are investigated and resolved by RDM staff. (SEE updated information in back of instructions)

MZ421R03

BDX PRE-BALANCE FINANCIAL STATEMENT FOR BILLING MONTH - SLRP is on distribution. (Resign)

Financial report of the Buy-In Part B transactions. The report consists of a count of the transactions by Buy-In status code with the premium cost as debit and credit money amounts.

code  
up  
34

PRINT RECORD COUNTS BY COUNTY FOR BILLING MONTH - RDM and SLRP are on distribution. (*Stephanie + Regina*)

A monthly count of the non-processable Baltimore transactions listed in each county.

MZ110R01

FUTURE ENTITLEMENT CASES - RDM is on distribution.

*This report will probably be discontinued in new redesign.*

This report is used for information in the Buy-In accretion process. HCFA notifies the State of certain recipients entitled to SMI within 2 years of their entitlement through the Buy-In accretion process. This file is created by using the code 2261 and code 2461 transactions from the monthly Baltimore Buy-In update. These records are excluded from the State's monthly accretions process until the client's month of entitlement to SMI.

MZ430R02 (*working report*) *important - recoupment related*  
BDX MONEY TRANSACTIONS CLOSED ON CIS FOR BILLING MONTH - RDM is on distribution.

This report identifies all clients appearing on the present month's Buy-In update whose case status is closed on the CIS file. The cases with a Buy-In status codes 91, 11 or 41 reflect that the client's Buy-In coverage is active. In these situations, a recoupment of premium may be due when the client resides in another State or is deceased. Also, these persons may be eligible for Medicaid as an SSI recipient and the RDM staff may need to establish the client's Medicaid coverage on CIS.

MZ425R02 (*working report*)  
BDX MONEY TRANSACTIONS NOT ON CIS - RDM is on distribution.

This a report of HCFA's processed Buy-In transactions which do not match the State's CIS file. The unmatched condition usually is the result of the CAN on CIS differing from the CAN on the month's Baltimore Transaction List. The RDM Unit is responsible for reviewing each case, resolving the discrepancies, updating the needed changes to CIS and/or Buy-In and recouping any premiums paid in error.

*MZ Top Strine (Burr)*

TRANSACTION EFF DATE CAN NOT BE UPDATED TO HISTORY - RDM is on distribution.

This is a report of HCFA's processed Buy-In transactions not updated to the State's Buy-In History file. These records are investigated and corrections are made to the Buy-In file by the RDM Unit.

*all off right now*  
*but should go to unit*

# STATE OF SOUTH CAROLINA POSITION DESCRIPTION

## 1. Job Purpose:

Provide assistance to eligibility workers and other system users regarding MEDS interfaces. Resolve system problems relating to MEDS interfaces. Process emergency Medicaid requests for newly eligible SSI recipients.

## 2. Job Functions:

|                                                                                                                                                                                                                                                                         | Essential/<br>Marginal<br>(E or M) | Percentage<br>of Time |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|
| 1. Analyze, resolve and monitor calls to the MEDS Help Desk utilized by eligibility workers and other MEDS system users according to time frames set forth in the MEDS Help Desk procedural guide.                                                                      | E                                  | 25                    |
| 2. Make recommendations to supervisor for improved MEDS functionality and correction of malfunctions and problems reported.                                                                                                                                             | E                                  | 10                    |
| 3. Analyze and resolve system problems and issues relating to the Beneficiary Earnings Data Exchange (BENDEX), State Data Exchange (SDX), Buy-In, Enumeration Verification System (EVS), State Verification Eligibility System (SVES), and State Retirement interfaces. | E                                  | 30                    |
| 4. Provide assistance to eligibility workers and others regarding Medicare eligibility.                                                                                                                                                                                 | M                                  | 5                     |
| 5. Process emergency Medicaid requests for newly eligible SSI recipients.                                                                                                                                                                                               | E                                  | 25                    |
| 6. Performs related duties as requested.                                                                                                                                                                                                                                | M                                  | 5                     |

## 3. Position's Supervisory Responsibilities:

*If this position includes supervisory responsibilities, please indicate the state title and number of positions of the three highest subordinates.*

|     | <u>STATE TITLE</u> | <u>NUMBER</u> |                                                   |
|-----|--------------------|---------------|---------------------------------------------------|
| (1) | _____              | _____         | Number of employees<br>directly supervised: _____ |
| (2) | _____              | _____         |                                                   |
| (3) | _____              | _____         | Total number supervised: <u>0</u>                 |

## 4. Comments:

5. The above description is an accurate and complete description of this job.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Appendix G 14

**From:** Marsha Brown  
**To:** Stephanie Washington  
**Date:** 11/13/02 12:28PM  
**Subject:** Re: position information

Stephanie, a Program Assisant is a band 4 and the salary range for a band 4 is \$21,679 to \$40,108. The fringe benefits are 28% of the salary.

>>> Stephanie Washington 11/13/02 12:08PM >>>

Marsha,

I am doing a project for my CPM class and I was wondering if you could get me some information. I would like to know exactly how much does the state pay for a Program Assistant position with fringe benefits.

>>> Marsha Brown 11/12/02 03:29PM >>>

Stephanie, we received the approval letter for your increase in your optional life and I need for you to come down and sign an NOE for met.

ARe you available @ 9:00 in the morning?



| Month | Salary w/fringe | Elig Recoupment |
|-------|-----------------|-----------------|
|       | 27,750.00       | 22,000.00       |
| Jan   | 2,312.50        | 1,833.00        |
| Feb   | 2,312.50        | 1,833.00        |
| Mar   | 2,312.50        | 1,833.00        |
| Apr   | 2,312.50        | 1,833.00        |
| May   | 2,312.50        | 1,833.00        |
| Jun   | 2,312.50        | 1,833.00        |
| July  | 2,312.50        | 1,833.00        |
| Aug   | 2,312.50        | 1,833.00        |
| Sept  | 2,312.50        | 1,833.00        |
| Oct   | 2,312.50        | 1,833.00        |
| Nov   | 2,312.50        | 1,833.00        |
| Dec   | 2,312.50        | 1,833.00        |

Comparison of Recoupments Versus Employee Salary

